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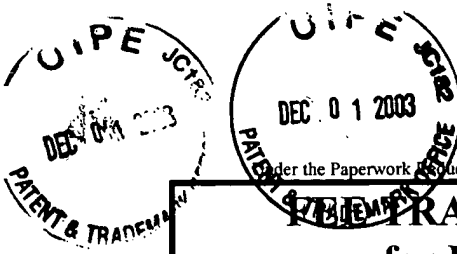
| | | | |
|---|----------------------|------------------------|---|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/758,026 | RECEIVED DEC 08 2003 TC 1700 |
| | Filing Date | 01/10/2001 | |
| | First Named Inventor | John Clarke III | |
| | Art Unit | 2856 | |
| | Examiner Name | Jackson, Andre K. | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 17163/04093 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Jennifer B. Wick (Reg. No. 47,460) | |
| Signature | <i>Jennifer B. Wick</i> | |
| Date | Nov. 26, 2003 | |

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| Signature | <i>Alice Rosenblatt</i> | Date | Nov. 26, 2003 |

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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| TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision</i> | | Complete if Known | | |
| | | Application Number | 09/758,026 | |
| | | Filing Date | 01/10/2001 | |
| | | First Named Inventor | John Clarke III | |
| | | Examiner Name | Jackson, Andre K. | |
| TOTAL AMOUNT OF PAYMENT | | (S) 475.00 | Attorney Docket No. | 17163/04093 |

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| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | |
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| 101 | 750 | 201 | 375 | Utility filing fee | |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 520 | 207 | 260 | Plant filing fee | |
| 108 | 750 | 208 | 375 | Reissue filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |
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| Multiple Dependent Claims | | **= 0 | x | = | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
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| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Jennifer B. Wick | Registration No. (Attorney/Agent) | 47,460 |
| Signature | Jennifer B. Wick | Telephone | (216) 622-8200 |
| | | Date | November 26, 2003 |

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